

## Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Quick Reference Guide

The IMPACT Act of 2014 mandated the establishment of the SNF QRP. As finalized in the Fiscal Year (FY) 2016 SNF PPS final rule, beginning with FY 2018 and each subsequent FY, the Secretary shall reduce the market basket update (also known as the Annual Payment Update, or APU) by 2 percentage points for any SNF that does not comply with the quality data submission requirements with respect to that FY.

SNFs utilize the Minimum Data Set (MDS) 3.0 via the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system to collect patient assessment data. The implementation of the SNF QRP will not change requirements related to the submission of MDS 3.0 data through CMS' QIES ASAP system.

The FY 2020 reporting year is based on four quarters of data from 01/01/2018 – 12/31/2018. This means that FY 2020 compliance determination will be based on data submitted for admissions to the SNF on and after January 1, 2018 and discharged from the SNF up to and including December 31, 2018.

### Frequently Asked Questions

*Q: Where can I find more information about the SNF QRP requirements?*

Providers should visit the SNF QRP webpages for more information on SNF QRP measures and requirements. This webpage will be frequently updated with announcements and resources including:

- [SNF QRP training materials](#)
- [Measures and technical information](#)
- [Program FAQs](#)

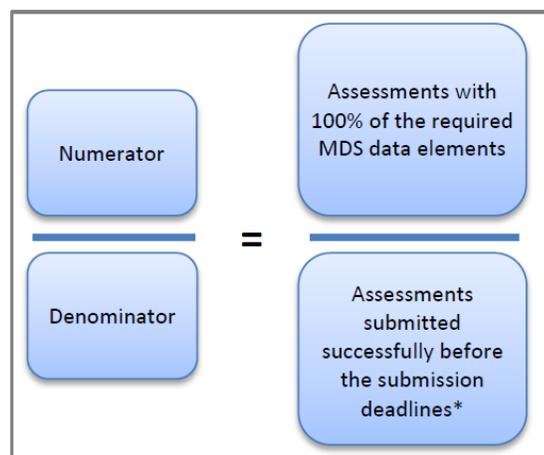
*Q: How do I verify my MDS submission?*

The best method to verify that your current MDS data submission has been accepted into QIES is by running final validation reports. Detailed guidance on how to run and interpret MDS reports can be found in the [CASPER Reporting User's Guide](#). Select "Section 7 – Final Validation Report" to open the PDFs. An additional resource is the MDS 3.0 Provider User's Guide, available on the same page. Refer to Section 4 for information on submission reports.

*Q: How are APU thresholds calculated?*

The APU threshold is calculated by taking the total number of assessments with 100% of the required MDS data elements (numerator) divided by the number of successfully submitted assessments (denominator). The resulting number is multiplied by 100 to determine the threshold percentage. In general, MDS records submitted for patient admissions and/or discharges occurring during the reporting period will be included in the denominator. For FY 2020, providers must submit 80% or more of all assessments with 100% of the required MDS data elements to be in compliance with SNF QRP requirements.

For example, for FY 2020 compliance determination, if during the reporting period (01/01/2018-12/31/2018) a facility has submitted 1000 assessments and 800 of the assessments submitted have 100% of the required MDS data elements the threshold percentage would equal 80%. Thus, the facility would be deemed compliant with SNF MDS data reporting requirements for APU compliance purposes.



The Technical Specifications for Reporting Assessment-Based Measures table outlines which MDS items are required for the purposes of APU. The table for FY 2020 can be found in the Downloads box on the [Skilled Nursing Facility \(SNF\) Quality Reporting Program Measures and Technical Information web page](#). This document will continue to be updated for each FY's SNF QRP requirements. Entering a dash as a response to a required MDS data element may result in your facility not meeting the required threshold.

\*Note: The calculation algorithm will be adjusted if the SNF was granted an extension or exemption by CMS.

*Q: When is a new SNF required to begin reporting SNF QRP data?*

As stated in the FY 2016 SNF PPS final rule, a new SNF would be required to begin reporting data on all quality measures finalized for that program year by no later than the first day of the calendar quarter subsequent to 30 days after the date on the SNF's CMS Certification Number (CCN) notification letter. The calendar quarters always begin on the following days: January 1<sup>st</sup>, April 1<sup>st</sup>, July 1<sup>st</sup> and October 1<sup>st</sup>.

EXAMPLE: If a SNF received its CCN on August 28, 2017, and 30 days are added (August 28 + 30 days = September 27), the SNF would be required to submit data for residents who are admitted beginning on October 1, 2017.

*Q: Are swing beds subject to SNF QRP requirements?*

According to the FY 2016 SNF PPS final rule (80 FR 46429), critical access hospitals (CAHs) with swing beds are not required to submit quality data under the SNF QRP. Note, however, that non-CAH swing beds are subject to SNF QRP requirements. For more information about requirements for swing bed providers, please refer to the [SNF Prospective Payment System \(PPS\) Swing Bed webpage](#).

*Q: What measures are required for the SNF QRP?*

The table below outlines the required assessment-based measures and the data submission mechanism for those measures.

<b>NQF Number</b>	<b>Measure Name</b>	<b>Data Submission Mechanism</b>
NQF #0678	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay)***	Minimum Data Set (MDS) 3.0
NQF #0674	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay)	MDS 3.0
NQF #2631	Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	MDS 3.0
N/A	Drug Regimen Review Conducted With Follow-Up for Identified Issues**	MDS 3.0
N/A	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury**	MDS 3.0
NQF #2635	Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients **	MDS 3.0
NQF #2636	Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients **	MDS 3.0
NQF #2633	Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients **	MDS 3.0
NQF #2634	Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients **	MDS 3.0

\*\*Collection for these measures begins October 1, 2018.

\*\*\* This measure will be replaced with the Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury measure, effective October 1, 2018.

Claims-based measures are also included in the SNF QRP. These measures are calculated through Medicare Fee-For-Service claims data and do not require SNFs to submit any additional data to CMS. A list of claims-based measures is available on the [CMS SNF QRP Measures and Technical Information webpage](#).

## Help Desk Assistance

[SNFQualityQuestions@cms.hhs.gov](mailto:SNFQualityQuestions@cms.hhs.gov) (Quality Help Desk)

For questions about quality measures calculation, data submission deadlines, pressure ulcer coding and staging, claims-based measures, and general quality reporting questions.

[SNFQRPPRQuestions@cms.hhs.gov](mailto:SNFQRPPRQuestions@cms.hhs.gov) (Public Reporting Help Desk)

For questions about data reported in the CASPER Review and Correct reports, Quality Measures reports, or Provider Preview reports.

[SNFQRPRReconsiderations@cms.hhs.gov](mailto:SNFQRPRReconsiderations@cms.hhs.gov) (APU/Reconsiderations Help Desk)

For reconsideration requests and follow-up questions after the facility has received a CMS determination of noncompliance letter.

[QRPHelp@cormac-corp.com](mailto:QRPHelp@cormac-corp.com) (Post-Acute Care Support Team)

For questions about Outreach and the APU Quick Reference Guide contents.

[MDS 3.0 Coding Questions](#) (State RAI Coordinator)

Please contact your State RAI Coordinator listed in Appendix B of the MDS RAI Manual. You can find this contact list on CMS' MDS 3.0 RAI Manual Web page under the Downloads section (file name – 5. MDS RAI Manual Appendix B).

[Help@qtso.com](mailto:Help@qtso.com) or 1-877-201-4721 (QIES Help Desk)

For questions about MDS record completion and submission processes, or for technical questions. This group also handles questions related to MDS/CASPER login IDs/passwords and jRAVEN software.

## Helpful Links

[Post-Acute Care \(PAC\) Listserv](#) — Sign up for the official CMS PAC listserv to receive important QRP updates.

[SNF Quality Reporting FAQs](#) — CMS developed a list of Frequently Asked Questions (FAQ) addressing general questions about the SNF Quality Reporting Program, including information about the quality measures, data submission deadlines, training materials, and other helpful resources.

[SNF Quality Reporting Measures and Technical Information](#) — This page provides details on SNF QRP measures as well as technical updates and resources related to SNF data collection and submission of quality data.

[SNF Quality Reporting Reconsideration and Exception & Extension](#) — If SNFs failed to submit the required measures data by each submission deadline, they receive notifications of their non-compliance, alerting them that they are at risk of having a two (2)-percentage point reduction applied to their APUs. When they receive this notification, they may request a CMS reconsideration of the initial determination. If a SNF is affected by an extraordinary circumstance, it can submit an exception or extension request to CMS. Information on this process is available on this page.

[Nursing Home \(MDS\)/Swing Bed Providers Information](#) — The QIES Technical Support Office (QTSO) provides numerous resources related to MDS reporting, including news on report availability, manuals, and training.